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FAX TRANSMISSION**DATE:** November 28, 2006**PTO IDENTIFIER:** Application Number 10/501,699
Patent Number**Inventor:** Roifman et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** FISH & NEAVE IP GROUP, ROPES & GRAY LLP

David P. Halstead, Ph.D.

PHONE: (617) 951-7615**Attorney Dkt. #:** LYMF-P01-004**PAGES (Including Cover Sheet):** 4**CONTENTS:** Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (1 page)
Statement Under 37 CFR 3.73(b) (1 page)
Certificate of Transmission (1 page)

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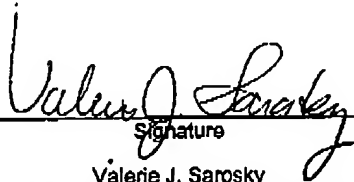
Application No. (if known): 10/501,699

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/501699
	Filing Date	July 16, 2004
	First Named Inventor	Chaim M. Roifman
	Art Unit	1615
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	LYMF-P01-004

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 26912

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 26912

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE OF Applicant or Assignee of Record Stuart Howe, PhD
Director, Awards & Business Development
The Hospital for Sick Children
555 University Avenue
Toronto, Ontario M5G 1X8

Signature *Stuart Howe*

Name

Date Sept 13, 08 Telephone 416-813-8138

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

NOV 28 2006

PTO/SB/96 (09-04)

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Rolfman et al.Application No./Patent No.: 10/501699Filed/Issue Date: July 16, 2004Entitled: COMPOUNDS FOR MODULATING CELL PROLIFERATIONThe Hospital for Sick Children

(Name of Assignee)

, a

Hospital

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

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2. ☐ an assignee of less than the entire right, title and interest.

The extent (by percentage) of its ownership interest is _____ %

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- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 017081 , Frame 0010 , or for which a copy thereof is attached.

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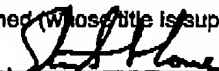
- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.



Signature

Sept 13 06

Date

Stuart Howe, Ph.D.
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